

[illegible]

VEHICLE TYPE	*	DAY OF TRAVEL**	GARAGED	TRIP PURPOSE
1 PASSENGER CAR WITHOUT A TRAILER		1 SUNDAY	1 ORIGIN	1 WORK
2 PASSENGER CAR WITH A TRAILER		5 THURSDAY	2 DESTINATION	2 PERS. BUSINESS
3 PANEL OR PICK-UP WITHOUT A TRAILER		2 MONDAY	6 FRIDAY	3 SHOPPING
4 PANEL OR PICK-UP WITH A TRAILER		3 TUESDAY	7 SATURDAY	4 VACATION
5 OTHER SINGLE UNIT TRUCKS		4 WEDNESDAY	3 OTHER	5 OTHER SOC. or REC.
6 COMBINATIONS & TRUCKS WITH TRAILERS				6 ALL OTHER

TRUCK SURVEY

SEMCOG ID #		STATEWIDE NUMBER		DIRECTION		HOUR ENDING		STATION LOCATION				DAY OF TRAVEL		DATE		
		ORIGIN (FIRST TO NEXT)		CO./ STATE	WHAT LOAD	HOW OFTEN	DESTINATION (NEXT TO FINAL)				CO./ STATE	WHAT LOAD	HOW OFTEN	HOME BASE	MICHIGAN ROADS USED	TOTAL WEIGHT
INT. NO.	1) Address						3) Address									
	Intersection						Intersection									
	Business						Business									
VEH. TYPE	City						City									
	2) Address						4) Address									
	Intersection						Intersection									
BOX/CON.	Business						Business									
	City						City									
INT. NO.	1) Address						3) Address									
	Intersection						Intersection									
	Business						Business									
VEH. TYPE	City						City									
	2) Address						4) Address									
	Intersection						Intersection									
BOX/CON.	Business						Business									
	City						City									
INT. NO.	1) Address						3) Address									
	Intersection						Intersection									
	Business						Business									
VEH. TYPE	City						City									
	2) Address						4) Address									
	Intersection						Intersection									
BOX/CON.	Business						Business									
	City						City									
INT. NO.	1) Address						3) Address									
	Intersection						Intersection									
	Business						Business									
VEH. TYPE	City						City									
	2) Address						4) Address									
	Intersection						Intersection									
BOX/CON.	Business						Business									
	City						City									

AXLE CONFIGURATIONS

Straight Trucks = SU + Number of Axles (SU2-4)
 Tractor w/Trailer = C + Number of Axles (C5)
 Multiple Trailers = MT + Number of Axles (MT11)

HOW OFTEN

1) Daily 3) Monthly
 2) Weekly 4) Infrequently

HOME BASE

1) Loc. #1 3) Loc. #3
 2) Loc. #2 4) Loc. #4
 5) Any Other

MICHIGAN DEPARTMENT OF TRANSPORTATION INTERCITY RAIL PASSENGER STATION SURVEY

The Michigan Department of Transportation (MDOT), in cooperation with Amtrak, is conducting a station survey. The information obtained will be used in the continuing efforts to provide the highest quality transportation services for Michigan residents and visitors. All responses will be treated as confidential and the information will only be used in combination with other questionnaires received. Our representative is available to answer any questions, and will collect your response before you board the train. If you do not complete this survey now, please do so at your convenience, fold and drop it in any mailbox. Thank you for your cooperation.

1. Where do you live? _____
Community or Place State/Province Zip/Postal Code

2. Where are you coming from to board this train today?

Community or Place State/Province Zip/Postal Code

3. At what station are you boarding the train today? _____
Station or City Name

4. How did you get to the station to board this train today? **Check only one.**

- (1) ☐ Walked (7) ☐ Drove & parked vehicle at/near station
(2) ☐ Biked (8) ☐ Intercity bus (Greyhound, Indian Trails)
(3) ☐ Taxi (9) ☐ Local city bus/rapid transit
(4) ☐ Dropped off (10) ☐ Amtrak Thruway Bus
(5) ☐ Commuter train (11) ☐ Other (please specify): _____
(6) ☐ Connecting Amtrak Train _____

5. Does the Detroit station being located in the New Center Area affect where you board or deboard? **Check as many as apply.**

- (1) ☐ Wouldn't use Amtrak before.
(2) ☐ Formerly boarded/deboarded at Dearborn.
(3) ☐ Formerly boarded/deboarded at Ann Arbor.
(4) ☐ Use the train more frequently now.
(5) ☐ Does not affect where I board/deboard Amtrak.
(6) ☐ Other (please explain): _____

7. What are your suggestions for improving this Amtrak station? _____

6. Please rate the Amtrak Station where you boarded the train today regarding the following:

Station Feature	Excellent	Good	Fair	Poor	No Opinion
Parking availability					
Parking lighting					
Seating					
Cleanliness					
News/magazine stand					
Car rental					
Concession/snack area					
Phone location					
Fax availability					
Courteous ticket agent					
Security					
Convenient location					
Signing to find station					
Taxi stand					

Your answers to the following questions will help MDOT and Amtrak determine general characteristics for the typical rail passenger in Michigan.

8. What is your age?

- (1) ☐ 12-17 years (4) ☐ 35-44 years (7) ☐ 65-74 years
(2) ☐ 18-24 years (5) ☐ 45-54 years (8) ☐ 75 years and over
(3) ☐ 25-34 years (6) ☐ 55-64 years

9. What is your gender? (1) ☐ Male (2) ☐ Female

10. How many persons including yourself are in your household? _____

11. How many personal cars, vans or pick-up trucks do those in your household own or lease and use regularly? (College students please answer for your place of residence while attending school.)

- (1) ☐ None (2) ☐ One (3) ☐ Two (4) ☐ Three or more

12. What best describes your employment or occupation status?

- (1) ☐ Employed full time (6) ☐ Retired
(2) ☐ Employed part time (7) ☐ Unemployed
(3) ☐ Homemaker (8) ☐ Other (please specify): _____
(4) ☐ College student
(5) ☐ Other student _____

13. What is your yearly household income range (before taxes)?

- (1) ☐ Under \$10,000 (5) ☐ \$40,000-49,999
(2) ☐ \$10,000-19,999 (6) ☐ \$50,000-74,999
(3) ☐ \$20,000-29,999 (7) ☐ \$75,000-99,999
(4) ☐ \$30,000-39,999 (8) ☐ \$100,000 or more

Thank you for your participation in this effort!

**MICHIGAN DEPARTMENT OF TRANSPORTATION
INTERCITY RAIL PASSENGER SURVEY**

The Michigan Department of Transportation (MDOT) is conducting a survey among rail passengers in cooperation with Amtrak. The information obtained will be used in the continuing efforts to provide the highest quality transportation services for Michigan residents and visitors. All responses will be treated as confidential and the information will only be used in combination with other questionnaires received. Our representative is available to answer questions, and will collect your survey before reaching your destination. Thank you for your cooperation.

1. Where do you live? _____
- | Community or Place | State/Province | Zip/Postal Code |
|--------------------|----------------|-----------------|
|--------------------|----------------|-----------------|

These questions refer to the trip you are now making. Please answer for one way only. In question #3 for example, if you left home to visit family/friends, you would check "Home (1)" even if you stopped by a store or bank on your way to the train station; in question #10 you would check "Family/Friends (7)". If you are coming from (or going to) a large city such as Detroit or Chicago, please specify the area. For example, "the Loop" or "Water Tower" in Chicago; "downtown" or "New Center" in Detroit.

2. Where are you coming from to board this train today?

Community or Place	State/Province	Zip/Postal Code
--------------------	----------------	-----------------

3. Which of the following best describes the reason you were at the community or place indicated in question 2?

- (1) ☐ Home (6) ☐ Vacation
(2) ☐ Work related call (7) ☐ Shopping
(3) ☐ Place of work (8) ☐ Other social/recreational
(4) ☐ University/college (9) ☐ Convention/conference
(5) ☐ Personal business (10) ☐ Family/friends (please specify) _____

4. At what station did you board this train today?_____

5. How did you get to the station to board this train today? Check only one.

- (1) ☐ Walked (7) ☐ Drove & parked vehicle at/near station
 (2) ☐ Biked (8) ☐ Intercity bus (Greyhound, Indian Trails)
 (3) ☐ Taxi (9) ☐ Local city bus/rapid transit
 (4) ☐ Dropped off (10) ☐ Amtrak Thruway Bus
 (5) ☐ Commuter train (11) Other (please specify) _____
 (6) ☐ Connecting Amtrak train (If connecting, skip to question 7.)

6. How long did it take you to travel to the station from where you started?
Minutes _____ Miles _____

7. How early did you arrive at the station before the scheduled departure time of your train today? Minutes

8. At what station will you get off (not where you boarded) this train today?

Station or City Name _____

9. Where are you going? (Please answer for one way only - the farthest point from where you started this trip.)

Community or Place	State/Province	Zip/Postal Code
--------------------	----------------	-----------------

10. Which of the following best describes the reason you are going to the community or place indicated in question 9?

- (1) _____ Home (6) _____ Vacation
(2) _____ Work related call (7) _____ Shopping
(3) _____ Place of work (8) _____ Other social/recreational
(4) _____ University/college (9) _____ Convention/conference
(5) _____ Personal business (10) _____ Family/friends (please specify) _____

11. How will you get to where you are going when you get off this train today at the station indicated in question 8? **Check only one.**

- (1) ☐ Walked (7) ☐ Drove & left vehicle at station
 (2) ☐ Biked (8) ☐ Intercity bus (Greyhound, Indian Trails)
 (3) ☐ Taxi (9) ☐ Local city bus/rapid transit
 (4) ☐ Dropped off (10) ☐ Amtrak Thruway Bus
 (5) ☐ Commuter train (11) Other (please specify) _____
 (6) ☐ Connecting Amtrak train (If connecting, skip to question 13.)

12. How long will it take you to get from the train station to your final destination?
 Minutes Miles

13. Who is paying for this trip?
(1) Yourself (2) Employer (3) Other _____

14. How many nights will you be (were you) away from home on this trip? _____

15. How many people including yourself are traveling in your group? _____

16. How many of these passengers are under 12 years of age? _____

17. How did you learn of this Amtrak service? **Check as many as apply.**

- (1) Prior knowledge (8) Travel agent
(2) From friends/relatives (9) Travel agent ad
(3) News article/travel story (10) Business associate
(4) Amtrak poster/display (11) Other (please specify) _____
(5) Consulted timetable
(6) Called/went to train station
(7) Amtrak ad (TV, radio, paper - please specify)

18. How did you obtain your ticket?

- (1) Station ticket agent (4) Video ticketing
(2) 1-800-USA-RAIL (5) Other (please specify) _____
(3) Travel agent

(OVER PLEASE)



)

RECORDED _____

FORM		COUNTY		STATEWIDE STA. NO.				O-D STA. NO.		YEAR		MONTH		DATE		DAY	O-D CITY		TYPE	SEQ.
9																				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21

DO NOT ACCUMULATE

[illegible]

CITY

WORKSHEET

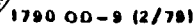
RECORDED

DO NOT ACCUMULATE

FORM		COUNTY		STATEWIDE STA. NO.				O-D STA. NO.		YEAR		MONTH		DATE		DAY	O-D CITY		TYPE	SEQ.
9										94										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21

[illegible]

NAME

[illegible]

FORM		COUNTY		STATEWIDE STA. NO.				O-D STA. NO.		YEAR		MONTH		DATE		DAY	PARK#			SEQ
9																				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21

RECORDED _____

DO NOT ACCUMULATE

[illegible]

FORM		COUNTY		STATEWIDE STA. NO.				O-D STA. NO.		YEAR		MONTH		DATE		DAY	O-D CITY		TYPE	SEQ.
9										95										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21

RECORDER _____

DO NOT ACCUMULATE

[illegible]

RECORDED

DO NOT ACCUMULATE

[illegible]

Rest Area/ Welcome Center Survey-1994

Survey Number _____ Site Number _____ Date ____/____/____ Hour ____

We need your help to better serve the travelers to this Rest Area / Welcome Center. Your answers are confidential and will be used by staff to improve programs and services. Do you have a few minutes to answer some questions?

1. What is the main purpose of your trip? Choose one main purpose.

- | | | |
|--|--|---|
| <input type="checkbox"/> Vacation/ Pleasure (1) | <input type="checkbox"/> Work/ Business (2) | <input type="checkbox"/> Visit friends/ Relatives (3) |
| <input type="checkbox"/> Convention (4) | <input type="checkbox"/> Passing thru Michigan (5) | <input type="checkbox"/> Day Trip Only (6) |
| <input type="checkbox"/> Other (7) (Specify _____) | | |

2. Including yourself, how many people came with you on this trip? Total number of People _____
☐ Adults ☐ Retirees ☐ Children 1-5 years
☐ Children 6-12 years ☐ Children 13-18 years

3. What is the main destination of your trip? _____ (County ____)
(City or Nearest City)

4. How many nights will you spend away from home on this trip? _____

5. How far in advance did you begin planning this trip?

- | | | |
|---|---|--|
| <input type="checkbox"/> Plan during the trip (1) | <input type="checkbox"/> Day of departure (2) | <input type="checkbox"/> 1- 6 Days (3) |
| <input type="checkbox"/> 1- 2 Weeks (4) | <input type="checkbox"/> 3- 8 Weeks (5) | <input type="checkbox"/> 2- 3 Months (6) |
| <input type="checkbox"/> 4- 6 Months (7) | <input type="checkbox"/> More than 6 Months (8) | |

6. What specific type of travel information are you looking for? Probe for specifics (Ex: Map--> What kind of map?)

- | | | |
|--|---|---|
| <input type="checkbox"/> MI Maps(1) | <input type="checkbox"/> County Maps(2) | <input type="checkbox"/> MI City Maps(3) |
| <input type="checkbox"/> Out of state maps(4) | <input type="checkbox"/> Other Maps(5) (List) _____ | |
| <input type="checkbox"/> Hotel/Motel(6) | <input type="checkbox"/> Camping(7) | <input type="checkbox"/> Bed & Breakfast(8) |
| <input type="checkbox"/> Cabins/ Cottages(9) | <input type="checkbox"/> Resorts(10) | <input type="checkbox"/> Lodging: Other (11) (List) _____ |
| <input type="checkbox"/> Attractions(12) | <input type="checkbox"/> Shopping(13) | <input type="checkbox"/> Restaurants (14) |
| <input type="checkbox"/> Historical Info/ Museums (15) | <input type="checkbox"/> Calendar of Events(16) | <input type="checkbox"/> State Parks (17) |
| <input type="checkbox"/> Canoeing (18) | <input type="checkbox"/> Fishing(19) | <input type="checkbox"/> Festivals/ Events(20) |
| <input type="checkbox"/> National Parks/Forests(21) | <input type="checkbox"/> Snowmobiling(22) | <input type="checkbox"/> Ice Fishing(23) |
| <input type="checkbox"/> Downhill Skiing(24) | <input type="checkbox"/> Cross-country Skiing(25) | <input type="checkbox"/> Fall Color Tours(26) |
| <input type="checkbox"/> Golf(27) | <input type="checkbox"/> None (28) | <input type="checkbox"/> Other(29)(List) _____ |

7. Where did you look for information to plan this trip? Check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Did not look for any information previously(1) | <input type="checkbox"/> Have been there before(2) | <input type="checkbox"/> Friends/ Relatives(3) |
| <input type="checkbox"/> TV(4) | <input type="checkbox"/> Radio(5) | <input type="checkbox"/> Magazines(6) |
| <input type="checkbox"/> MI Travel Bureau-800 number, etc.(7) | <input type="checkbox"/> Guide books(8) | <input type="checkbox"/> Newspapers(9) |
| <input type="checkbox"/> Chamber/ Convention & Visitor Bureau(10) | <input type="checkbox"/> Maps/ Directories(11) | <input type="checkbox"/> Highway Signs(12) |
| <input type="checkbox"/> Billboards(13) | <input type="checkbox"/> Auto Club /AAA(14) | <input type="checkbox"/> Welcome Center(15) |
| <input type="checkbox"/> State Dept. of Natural Resources(16) | <input type="checkbox"/> Other(17) (List) _____ | |

8. Have you or do you plan to stop at another Michigan Rest Area or Welcome Center on this trip?

- ☐ Yes (1) ☐ No (2) ☐ Don't Know (3)

9. What recommendations would you make that would improve the services at this facilities?

- | | | |
|---|--|--|
| <input type="checkbox"/> Better maintenance (1) | <input type="checkbox"/> Better information displays (2) | <input type="checkbox"/> Better security (3) |
| <input type="checkbox"/> More toilets (4) | <input type="checkbox"/> Vending machines (5) | <input type="checkbox"/> Fine As Is (6) |
| <input type="checkbox"/> Other(7) (List) _____ | | |

10. Do you consider driving an important part of your recreational experience? ☐ Yes (1) ☐ No (2)
☐ Sometimes (3)

11. Is this your first trip to Michigan? ☐ Yes (1) ☐ No (2) ☐ Live in MI (3)

12. What is your home zip code? _____ If no zip code: Province or country _____ (_)

THANKS

PERSONAL INTERVIEW QUESTIONS

WINTER SURVEYS

1993-94

1. How often do you use Michigan's Rest Areas?
a) Regularly b) Occasionally c) Rarely
2. What is the nature of your trip?
a) Work/Business b) Vacation/Recreation c) Other
3. Do you feel that it is important to have the rest area facilities open during the winter months?
a) Yes b) No c) No opinion
4. If this facility were closed for the winter months would you consider your best option to be?
a) Use the previous rest area.
b) Use the next area.
c) Exit at the next interchange.
d) Other.
5. What recommendations would you make that would improve the services at these facilities?
a) better maintenance
b) better information displays
c) better security
d) more toilets
e) vending services
f) other/list
6. What type(s) of information do you feel are important to you as you travel?

PERSONAL INTERVIEW QUESTIONS/VENDING

1. Were you aware of the vending machines in the Rest Area?
Yes _____ No _____
If yes, how were you made aware?
a) Vending machine sign on highway?
b) Used them before.
c) Other (list). _____
2. Did you use the vending machines?
Yes _____ No _____
If yes, did you receive your product(s)?
Yes _____ No _____
Didn't use, why?
a) Too expensive
b) Didn't have correct amount of change
c) Machine(s) were out of order
d) Product was out
e) Other (list). _____

[illegible]

☐ N ☐ S ☐ E ☐ W☐ N ☐ S ☐ E ☐ W OF:[illegible]



1739 (7/79)

BACK-UP DELAY STUDY

DATE _____ DAY _____ COUNTY _____ TWP., VILLAGE OR CITY _____

INTERSECTION OF _____

TIME	TIME FOR LAST WAITING CAR TO CLEAR INTERSECTION	NO. OF CARS BACKED UP
5		
10		
15		
20		
25		
30		
35		
40		
45		
50		
55		
5		
10		
15		
20		
25		
30		
35		
40		
45		
50		
55		

TIME	TIME FOR LAST WAITING CAR TO CLEAR INTERSECTION	NO. OF CARS BACKED UP
7		
12		
17		
22		
27		
32		
37		
42		
47		
52		
57		
7		
12		
17		
22		
27		
32		
37		
42		
47		
52		
57		

